

COMBINED DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled VACCINE, the specification of which:

- ☐ is attached hereto.
☐ was filed on _ as Application Serial No. _ and was amended on _____.
☒ was described and claimed in PCT International Application No. PCT/GB00/03758 filed on 2 October 2000 and as amended under PCT Article 19 on _____.

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose all information I know to be material to patentability in accordance with Title 37, Code of Federal Regulations, §1.56.

I hereby claim the benefit under Title 35, United States Code, §119(e)(1) of any United States provisional application(s) listed below:

<u>U.S. Serial No.</u>	<u>Filing Date</u>	<u>Status</u>
60/156,940	September 30, 1999	
60/196,305	April 12, 2000	

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose all information I know to be material to patentability as defined in Title 37, Code of Federal Regulations, §1.56(a) which became available between the filing date of the prior application and the national or PCT international filing date of this application:

<u>U.S. Serial No.</u>	<u>Filing Date</u>	<u>Status</u>
PCT/GB00/03758	October 2, 2000	Pending

I hereby claim foreign priority benefits under Title 35, United States Code, §119 of any foreign application(s) for patent or inventor's certificate or of any PCT international application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed:

<u>Country</u>	<u>Application No.</u>	<u>Filing Date</u>	<u>Priority Claimed</u>
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

I hereby appoint the following attorneys and/or agents to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

Timothy A. French, Reg. No. 30,175
David L. Feigenbaum, Reg. No. 30,378

William E. Booth, Reg. No. 28,933
John F. Hayden, Reg. No. 37,640

4

Combined Declaration and Power of Attorney

Page 3 of 3 Pages

3-00 Full Name of Inventor: MARGARET ANNE GIDNEY

Inventor's Signature: *M A Gidney*
Residence Address: National Research Council, Ottawa
Citizenship: Canadian
Post Office Address: Institute for Biological Sciences
National Research Council
Ottawa K1A 0R6
Canada *CAX*

Date: 22 May 2002

4-00 Full Name of Inventor: ANDREW D. COX

Inventor's Signature: *Andrew D Cox*
Residence Address: National Research Council, Ottawa
Citizenship: British
Post Office Address: Institute for Biological Sciences
National Research Council
Ottawa K1A 0R6
Canada *CAX*

Date: 23rd May 2002

5-00 Full Name of Inventor: JAMES C. RICHARDS

Inventor's Signature: *James C Richards*
Residence Address: National Research Council, Ottawa
Citizenship: Canadian
Post Office Address: Institute for Biological Sciences
National Research Council
Ottawa K1A 0R6
Canada *CAX*

Date: 22 May 2002

6-00 Full Name of Inventor: E. RICHARD MOXON

Inventor's Signature: *E Richard Moxon*
Residence Address: British
Citizenship: Molecular Infectious Disease Group
Post Office Address: Oxford University Department of Paediatrics,
John Radcliffe Hospital
Oxford OX3 9DU
United Kingdom *GBX*

Date: 29/05/02

20411881.doc

2/05/02 12:58

FAX NO.: 01865 221889

PROF RICHARD MO

P. 006

Attorney's Docket No.: 11560-003US1
 Client's Ref. No.: F/USP82704

Combined Declaration and Power of Attorney
 Page 2 of 3 Pages

Address all telephone calls to **TIMOTHY A. FRENCH** at telephone number (617) 542-5070.

Address all correspondence to **TIMOTHY A. FRENCH** at:

FISH & RICHARDSON P.C.
225 Franklin Street
Boston, Massachusetts 02110-2804

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patents issued thereon.

1-00 Full Name of Inventor: JOYCE S. PLESTED

Inventor's Signature: Joyce S. Plested

Date: 29/5/02

Residence Address:

Citizenship:

Post Office Address:

British

Department of Clinical Immunology

Churchill Hospital

Headington

Oxford OX3 7LJ

UNITED KINGDOM

Oxford University
 Department of Paediatrics
 John Radcliffe Hospital
 Oxford OX3 9DU GBX
 United Kingdom

2-00 Full Name of Inventor: MICHAEL P. JENNINGS

Inventor's Signature: M. Jennings

Date: 23/5/02

Residence Address:

Citizenship:

Post Office Address:

St Lucia, Brisbane QLD

Australian

Department of Microbiology

University of Queensland

St. Lucia

Brisbane QLD 4072

AUSTRALIA

AUX

Combined Declaration and Power of Attorney
Page 2 of 3 Pages

Address all telephone calls to TIMOTHY A. FRENCH at telephone number (617) 542-5070.

Address all correspondence to TIMOTHY A. FRENCH at:

FISH & RICHARDSON P.C.
225 Franklin Street
Boston, Massachusetts 02110-2804

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patents issued thereon.

Full Name of Inventor: JOYCE S. PLESTED

Inventor's Signature: _____ Date: _____
Residence Address: _____
Citizenship: British
Post Office Address: Department of Clinical Immunology
Churchill Hospital
Headington
Oxford OX3 7LJ
UNITED KINGDOM

Full Name of Inventor: MICHAEL P. JENNINGS

Inventor's Signature: _____ Date: _____
Residence Address: St. Lucia, Brisbane QLD
Citizenship: Australian
Post Office Address: Department of Microbiology
University of Queensland
St. Lucia
Brisbane QLD 4072
AUSTRALIA

Combined Declaration and Power of Attorney
Page 3 of 3 Pages

Full Name of Inventor: MARGARET ANN J. GIDNEY

Inventor's Signature: _____ Date: _____
Residence Address: National Research Council, Ottawa
Citizenship: Canadian
Post Office Address: Institute for Biological Sciences
National Research Council
Ottawa K1A OR6
Canada

Full Name of Inventor: ANDREW D. COX

Inventor's Signature: _____ Date: _____
Residence Address: National Research Council, Ottawa
Citizenship: British
Post Office Address: Institute for Biological Sciences
National Research Council
Ottawa K1A OR6
Canada

Full Name of Inventor: JAMES C. RICHARDS

Inventor's Signature: _____ Date: _____
Residence Address: National Research Council, Ottawa
Citizenship: Canadian
Post Office Address: Institute for Biological Sciences
National Research Council
Ottawa K1A OR6
Canada

Full Name of Inventor: E. RICHARD MOXON

Inventor's Signature: _____ Date: _____
Residence Address: _____
Citizenship: British
Post Office Address: Molecular Infectious Disease Group
Oxford University Department of Paediatrics,
John Radcliffe Hospital
Oxford OX3 9DU
United Kingdom